## State of South Dakota



## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office wh PACs, political party, ballot question and other committees:	nere you filed your nominating petition.  File with Elections Department, Secretary of 500 E Capitol Ave., Pierre, SD 57501-5070	State's Office, S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for	specific instructions on completing	this report.
Name of Candidate or Committee AFSCME-1	PEOPLE (Public Employees Organ	nized to Promote Legislativ Equality)
Complete Mailing Address 1625 L Street	et, N.W., Washington, DC 200	36
Name of Person Making Report William	Lucy Daytime Pho	one Number 202 429-1179
If you are a candidate, what office are you se	eking?	
If you are a ballot question committee, indicare reporting period and whether the measure was		was involved with during the
Type of Report (See pages 4 & 5 of Guidelin	e Book) Year-End	
For Reporting Period Ending (See pages 4 &	5 of Guideline Book) 10/24/04	- 12/31/04
The following verification must be complete VERIFICATION OF PERSON MAKING R	ed before submitting report.	•••••••
I William Lucy this report and to the best of my knowledge a		certify that I have examined plete.
Date:	Candidate Signature or Signature of Committee Treasurer	or Chairperson
Revised July 2001		Filed this day of Chi. Melan SECRETARY OF STATE

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Name of Candidate or Comn	nittee AFSCME-PEOPLE			· · · · · ·
For the reporting period end	ing 10/24/04 - 12/31/04		•	
This schedule is used for reporting al combine all contributions of \$100 or contributions on their respective line year from an individual or political p amount, name, address and place of e	Schedule A — Direct Collidered contributions. You must keep less from individuals and the same from sellow and on the next page. Any contarty and all contributions from PAC's employment (if applicable) of the contaplicated if you need more space, or you	ontributions a record of all contributors, but for m political parties and enter these stribution of more than \$100 or ag must be entered as a separate item ributor. Each type of contributor h	sums as un gregate dur n (itemized) as their ow	nitemized ing a calendar giving the
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Unitemized Contributions from In  Itemized Contributions from Indiv			··•	
Name	Residence Address	Place of Employment (Name of Employer)		
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Total of Itemized Contributions from Individuals:

Name of Candidate or CommitteeAFS	CMEPEOPLE		
For the reporting period ending $\frac{10/24/04}{2}$	4 - 12/31/04		
Schedule A – D	irect Contributions (continued)		
Unitemized Contributions from Political Parties:		*\$ _	0
Itemized Contributions from Political Parties			
Party Name	Address	•	0
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		\$_	0
Total of Itemized Contributions from Political Partic		*\$ _	
Itemized Contributions from Political Action Comm	ittees (PAC's) - All contributions from PAC's must b	e itemi	zad
PAC Name	Address	e nem	reu.
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Total of Itemized Contributions from Political Actio	n Committees:	*\$	0
Total of All Direct Contributions (Sum of all lines w	rìth an *)	\$_	0

Name of Candidate or Committee:_	AFSCME-PEOPLE	
For the reporting period ending:		
Schedu	nle B - Fund-Raising Events Proceed to raise money for the candidate and the net proceed attribution results in their aggregate being more than \$1.50 to raise more than \$1	ds derived from each event. If a
Type or Name of Event		Net Proceeds
Joe of 14th of Divisio	<del></del>	
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otal:		0
•	mployment must be reported.  Name, Residence Address &	1
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution		Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
Nature of Non-Cash Contribution	Name, Residence Address &	Estimated Value
	Name, Residence Address & Place of Employment	
otal:	Name, Residence Address &	
otal: se this schedule to report any refunds, intere	Name, Residence Address & Place of Employment  Schedule D - Other Income	ribution.
otal: se this schedule to report any refunds, intere	Name, Residence Address & Place of Employment  Schedule D - Other Income	
otal: se this schedule to report any refunds, intere	Name, Residence Address & Place of Employment  Schedule D - Other Income	ribution.
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otal:	Name, Residence Address & Place of Employment  Schedule D - Other Income	ribution.

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Name of Candida	ate or Committee:	AFSCME-PEOPLE	Appendix		
	-	0/24/04 - 12/31/04			
•	,				
This schedule is to repenses. All other e	port all expenditures relat xpenses should be listed.	Schedule E - Expenditures ing to a candidate's campaign. Line items have been pall contributions to candidates and committees me	provided for reporting common ust be listed individually.		
	penses	Contributions Made to Candidates and Committees			
<u>Item</u>	Amount	Name of Candidate or Committee	Amount		
Advertising					
Consulting			<del></del>		
Postage					
Printing					
Rent					
Salaries Telephone					
Travel					
Utilities					
List other expense items below	List other expense amounts below				
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Total Expenditures:

Name of Candidate or Committee:	AFSCME-PEOPLE ( ) 1 ( )	<del></del>				
For the reporting period ending: 10/24/04 - 12/31/04						
Scho	edule F - Debts and Obligations					
This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a ser has been contracted but not billed, estimate the amount of the obligation.						
Owed to:	Purpose:	Amount				
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<del></del>						
Total Obligations:		0				

Na	me of Candidate or Committee: AFS	SCME_PEC	OPLE				
Fo	r the reporting period ending: $10/24$	4/04 <b>-</b> 3	12/31/04		•		
	is summary sheet will give a brief outline of all om the schedules previously completed.		nmary Pa finance activi		orting period. I	Please 1	transfer all total
1.	Amount on hand, if any, at the beginni	ng of the	reporting	period:		\$	0
2.	Receipts						
	Schedule A - Direct Contributions	\$	00	<u> </u>			
	Schedule B - Fund-Raising Events	\$_	0	·			
	Schedule C - In Kind Contributions	\$	0				
	Schedule D - Other Income	\$	0	<del></del> .	·		
	Total of all Receipts	\$	0	<del>_</del>			
3.	Total Monetary Receipts (A+B+D)					\$_	0
4.	4. Candidate's Personal Contribution to Own Campaign			\$_	0		
5.	5. Monetary Loans to Candidate or Committee During Reporting Period				\$	0	
6.	5. Monetary Loans Repaid During Reporting Period			\$_	0		
7.	Expenditures - Schedule E					\$_	0.
8.	Unpaid Obligations - Schedule F	\$	0				
9.	Amount on hand at the close of this rep This should equal lines (1+3+4+5) – (6		eriod. *		:	\$_	0